



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

04 SEP -2 AM 10:46

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

CAUTION FOR OFFICIAL USE ONLY
MACOMB COUNTY CLERK

3. This Statement covers From: 7/19/2004 to 8/31/2004
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number 137338</p> <p>2. Committee Name Friends of Bob Gibson</p>	<p>4. Candidate Last Name Gibson First Name Bob M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) County Commissioner, District 18</p> <p>4b. County of Residence Macomb</p>
<p>5. Committee's Mailing Address 24651 Meadow Ln. Harrison MI 48045 Area Code and Phone 586-746-0983</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name & Residential Address John Freeman 28342 Dartmouth Madison Heights MI Area Code & Phone (248) 547-9378 48071</p>
<p>7. Treasurer's Business Address 220 Bagley Ste 430 Detroit MI 48226 Area Code and Phone (313) 963-3847</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Same as above Area Code and Phone ()</p>

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

8/3/2004
Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper John Freeman John Freeman Date 8/31/04
Type or Print Name Signature Mo Day Year

Candidate Robert Gibson [Signature] Date 8/31/04
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	0	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	0	(18.) \$ 9449.99
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	0	(20.) \$ 9449.99
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	0	(22.) \$ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1087.78	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	1087.78	(23.) \$ 2,597.17
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	0	(24.) \$ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	2647.37	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	7,940.60	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	7940.60	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	1087.78	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	6852.82	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338
2. Committee Name Friends of Bob Gibson

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>U.S. Postal Service</u> Address <u>Mt. Clemens MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bulk Mail</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22</u>	<u>124.00</u>
Expenditure #2 Name <u>U.S. Postal Service</u> Address <u>Mt. Clemens MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20</u>	<u>230.00</u>
Expenditure #3 Name <u>U.S. Postal Service</u> Address <u>Mt. Clemens MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18</u>	<u>248.99</u>
Expenditure #4 Name <u>U.S. Postal Service</u> Address <u>Mt. Clemens MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/19</u>	<u>71.42</u>
Expenditure #5 Name <u>Office Max</u> Address <u>33840 Gratiot Ave.</u> <u>Clinton Twp MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/16</u>	<u>84.63</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

759.04

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338
2. Committee Name Friends of Bob Gibson

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Practical Political Consulting</u> Address <u>220 Albert Ave.</u> <u>East Lansing MI 48826</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Walking Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/16</u>	<u>328.74</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

328.74

1087.78

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Am. Graphics Printing</u> <u>34895 Groesbeck</u> <u>Clinton Twp MI 48035</u>	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>4/19/04</u> 6. <u>Original Amount of Debt:</u> \$ <u>2647.37</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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